



State of Kansas

Direct Bill News

Health Care Commission

1st Quarter, March 2005

State Health Plan Continuation Program

More on Medicare Part D

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Special points of interest:

- *Medicare regs received—what is the next step*
- *Premium breakdowns*
- *Since you asked about dental coverage study*

The waiting game for regulations ended January 21, 2005 when the Centers for Medicare and Medicaid Services (CMS) released the much anticipated final regulations for Medicare Part D prescription drug program. The regulations provide comprehensive guidance on how employers with actuarially equivalent retiree drug coverage can qualify for a tax-free government subsidy.

The original question was to determine whether the State Health Plan for retirees was actuarially equivalent. The federal rules and regulations stipulate

a “two-pronged” approach: gross value of coverage and net value of coverage.

The State Health Plan does not meet the net value test because the State does not contribute to retiree prescription coverage.

Therefore, the State is not eligible to receive a subsidy under Medicare Part D.

The Health Care Commission has other options concerning the retiree drug coverage. For example, it can consider contracting with or becoming a stand-alone Part D Drug Plan. Or, it could modify the current Senior Plan

C to allow retirees to waive Rx coverage. Another option is to eliminate drug coverage under Senior Plan C. And yet another option is to provide a wrap around plan in lieu of current Senior Plan C Rx to fill in the gaps in coverage.

What are the next steps? The Health Care Commission’s goal is to determine the most comprehensive, cost effective plan for participants and to make any required modifications to the plan, effective January 1, 2006. With that in mind, the Commission directed staff

(continued next page)

The Direct Bill News is an official publication from the Kansas State Health Care Commission.

The newsletter is published quarterly. It is mailed to Direct Bill participants and is also published on-line at: <http://da.state.ks.us/hcc/direct.htm>

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Duane Goossen, Chair and Secretary of Administration; Sharon Bolyard, Classified Service; Connie Hafenstine, Retiree from Classified Service; Sandy Praeger, Commissioner of Insurance and John Staton, public representative

More on Medicare D (Continued)

to continue studying the issue with its actuary consultant, the Segal Company, as well as the Employee Advisory Committee. They will consider various factors such as benefit structure, pricing and financial impact scenarios, administrative issues (eligibility, enrollment, coordination of

benefits and contract adjustments) and communications.

Staff recommendations will be made to the Health Care Commission in May for its consideration. Under this timetable, you will be given information and enough time to determine the best

plan for you.

CMS provides a "What's New?" website to keep you updated on the Medicare Modernization Act at: <http://www.cms.hhs.gov/mmu/default.asp>

Another resource website is: www.aarp.org/health/medicare

Premium Breakouts

The rate comparison charts in the health plan summary show the total rate for medical, dental and prescription drug coverage. Although participants cannot pick and choose components to enroll in, the following chart shows the cost factors for the most common plans.

Plan Design	Medical Rate	Pharmacy Rate Standard or Select Option	Dental Rate	Total
KS Senior Plan C				
Participant Only	\$147.83	\$167.14 or \$158.83	\$21.72	\$336.69 or \$328.38
Participant/Spouse	\$295.16	\$334.28 or \$317.66	\$43.44	\$672.88 or \$656.26
*KS Choice PPO				
Participant Only	\$90.97	\$201.39 or \$191.30	\$21.72	\$314.08 or \$303.99
Participant/Spouse	\$184.00	\$402.78 or \$382.59	\$43.44	\$630.22 or \$610.03
**KS Choice PPO				
Participant Only	\$301.59	\$ 64.89 or \$ 61.66	\$21.72	\$388.20 or \$384.97
Participant/Spouse	\$629.72	\$129.78 or \$123.32	\$43.44	\$802.94 or \$796.48

* - Both Medicare eligible ** Not Medicare eligible

Direct Bill Call Center



The Call Center is a very important part of Open Enrollment for Direct Bill participants. It is staffed by former state employees trained in direct bill issues. A total of 1,422 calls were received during Open Enrollment.

Front Row: **Connie Hafenstine**, KDOT; **Mary Adkins**, D of A; **Nina Skidmore**, KDOC. Back Row: **Charles Nicholson**, Education; **Gary Adkins**, KDHR; **Richard Leighty**, Education; **Jan Sides**, KDOT; and **Fred Madaus**, KU.

They deserve a BIG thank you!

Since You Asked

One of the questions the Call Center received during Open Enrollment was:

Why can't I opt out of dental coverage? I wear dentures.

ANSWER:

When the dental plan was introduced

into the health care program, not allowing participants to opt out of dental was because of information regarding the linkage of dental and health claims. Since this question was asked a number of times during Open Enrollment, a new

analysis of current claims data was performed.

Findings: Retirees on Senior Plan C had a higher average utilization per person than participants in other plans. Senior Plan C participants also had 78.5% utilization where as other plans

combined had only 69.4% utilizing the dental plan.

Conclusion: Because of the high utilization, it would adversely impact the program if participants could elect to drop coverage.

Have Questions? Who Are You Going To Call?

Claim question?

Please contact your health plan provider. Their phone numbers are listed on the inside cover of the Open Enrollment book, on your ID card, and on the provider's website.

Drug claim ques-

tions? AdvancePCS is now Caremark, and phone numbers remain the same.

Membership ques-

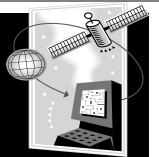
tion? Please contact Deb Dumas by writing to: Division of

Personnel Services, 900 SW Jackson, Suite 920-N, Topeka, KS 66612-1251.

Or call: 1-866-541-7100 or 1-785-296-1715

Email: Deb. Dumas @ da.state.ks.us

CONEXIS is the third party administrator that provides the billing service for all Direct Bill participants. CONEXIS toll free number is: 1-866-214-2978



Building Better Health for Seniors

Depression in Seniors



Depression is a serious medical condition that affects about six percent of Americans who are 65 years of age and older. It can affect your mood, your thinking and your health. You cannot simply "snap out" of Depression. It is not like a passing mood. It can

affect the way you eat, sleep and the overall way you feel. Depression also can interfere with the way you live and cope with everyday events.

Some believe that Depression is a normal part of being older, but this is not true. Most seniors are not depressed and feel content with their lives. However, for those who do have Depression, there is help.

Depression can be successfully treated with medicine, talk therapy or a combination of both. Seeking help for Depression is not a sign of weakness. Trying to deal with Depression on your own may only cause pain for you and your loved ones.

Before you say, "I'm fine" ask yourself if you feel:

- ☐ Nervous or "empty"
- ☐ Guilty or worthless
- ☐ Very tired and slowed down
- ☐ You don't enjoy things the way you used to
- ☐ Restless and irritable
- ☐ Like no one loves you
- ☐ Like life is not worth living

Or if you are:

- ☐ Sleeping more or less than usual
- ☐ Eating more or less than usual
- ☐ Having persistent headaches, stomach aches or chronic pain

These may be symptoms of Depression, a treatable medical illness. But, your doctor can only treat you if you say how you are really feeling.

**Depression is not a normal part of aging.
Talk to your doctor!**

National Institute of Mental Health

Brought to you by
Kansas State Employees
Health Care Commission:





Ask An Expert

Cold and Flu Season

The winter months are also known as the cold and flu season because many of us get sick during the winter. Why winter? It may be because we spend more time indoors when the weather is cold. Close indoor contact gives the cold and flu viruses more chances to spread from one person to another.

If you do get a cold or flu, the only sure cure is the passing of time. Over-the-counter medicines may help relieve symptoms and make you more comfortable. In the meantime, the following tips may also help:

- Get plenty of rest
- Drink lots of fluid (i.e. water, juice)
- If you are stuffed up or congested, a warm, steamy shower may help
- Do not take antibiotics unless your doctor prescribes them. Antibiotics do not work for colds and the flu that are caused by viruses
- If you have any unusual symptoms that do not go away, contact your doctor or seek medical help

Is It a Cold or the Flu?

Symptoms	Cold	Flu
Fever	Rare	High (102-104 °F), lasts 3 to 4 days
Headache	Rare	Prominent
General aches, pains	Slight	Usual; often severe
Fatigue, weakness	Quite mild	Can last up to 2 to 3 weeks
Extreme exhaustion	Never	Early and prominent
Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can become severe

National Institute of Allergy and Infectious Diseases



Research Highlights

Starchy Foods May Increase Diabetes Risk



New research in the journal *Diabetes Care* suggests that what you eat may increase your risk for diabetes. Researchers aren't exactly sure how this happens. But, foods high in starch like white bread, crackers and cookies can cause blood sugar levels to

rise rapidly. These foods also contain a lot of calories.

Foods lower in starch are healthier options to include in your diet. Examples include:

- High fiber breads
- Whole grains
- Fruits
- Vegetables

Moderation with all foods helps prevent weight gain and keep you satisfied. Being overweight is a known risk factor for diabetes. Keeping a healthy weight and exercise, you can help lower your risk for diabetes. For help with changing your eating habits or exercise routine, talk with your doctor.



Under many prescription plans, you may pay a lower co-payment for generic medicines. Why? Generic medicines are patterned after more expensive brand name medicines, but generics have the same active ingredients, dosage form and strength as brand name medicines with the same standards for quality. Companies that make generic medicines do not have to recover research and development costs, so they pass the large savings on to you. On average, generic medicines cost 20 to 70 percent less than equivalent brand name medicines.

Both brand name and generic name drugs are regulated by the United States (U.S.) Food and Drug Administration (FDA). For more information about changing to a generic medicine, talk to your doctor or pharmacist.

Brand Name Prescription Drugs Now Available as Generics	
Brand Name	Generic Name
Aclovate ointment 0.05%	Alclometasone dipropionate ointment
Diflucan tablets and oral suspension	Fluconazole tablets and oral suspension
Mycelex lozenges or troches	Clotrimazole lozenges or troches
Lopressor HCT tablets	Metoprolol tartrate and hydrochlorothiazide tablets



Exercise for the Mind



Staying fit and mentally alert are important as you age. Many people mistakenly believe that forgetfulness is a part of getting older. But scientists now think that most people remain alert and able as they age.

It may take longer to remember things, but the memory remains intact.

Like your body, your brain also needs "exercise" to stay healthy. Here are some everyday tips that you can use to help keep your mind healthy:

- **Stay Fit** - What's good for the body is good for the brain. Get at least 30 minutes of exercise on most days of the week
- **Eat Healthy Foods** - Eating healthy foods is not only good for your body, but can help you keep your brain healthy
- **Limit Alcoholic Beverages** - Over time, heavy use of alcoholic drinks can cause brain damage
- **Stay Active** - Take part in hobbies and learn new things by reading books and getting involved with groups
- **Plan Your Tasks** - Use calendars, lists, notes, and other memory aids

Memory loss is not a part of normal aging. If you keep on forgetting things and it is affecting your day-to-day activities, speak to your doctor. It may be a sign of a more serious health condition.

Adapted from Forgetfulness: It's Not Always What You Think, Age Page. National Institute on Aging. July 2004.



InThe News

Buying Prescription Medicine on the Internet



With more people using the Internet, there is a growing number of people buying medicines online. To help you be a smart shopper, check out the tips below:

- **Check** to see if the Web site requires a prescription. A prescription medicine needs to be signed by a doctor

or authorized agent in order for it to be filled in the U.S. Be wary of Web sites that want you to answer questions in exchange for medicine.

- **Check** to see if the Web site has access to a licensed pharmacist. Pharmacists should be on staff to answer any questions.

- **Check** for statements that describe how the Web site will protect your personal ID. Be careful about giving out personal information, such as your credit card number. Make certain the Web site will protect it.

- **Check** to see if you can contact the Web site in the U.S. Buying medicines from foreign Web sites may put you at risk. There may be little the U.S. government can do if you get ripped off.

If you do choose to use the Web to buy medicines, speak to your doctor before taking any new medicine(s).

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Frequently Asked Questions

Q: Why does it seem like the drugs I've been taking are routinely re-moved from the formulary list. Who makes these decisions?

A: One of the primary reasons that drugs are deleted from the preferred drug list is because a generic equivalent has become available.

The Caremark Pharmacy Advisory Committee approves drugs for the preferred drug list. That committee is made up of physicians, pharmacists and health care professionals. They evaluate scientific and medical information as well as pricing of the drugs. This occurs quarterly.

Keeping Direct Bill participants informed!

We're On the Web!
<http://da.state.ks.us/hcc/direct.htm>



Health Care Costs Per Retiree
Average monthly premium costs for retiree health care plans retiring on or after January 1, 2004.

Pre-65 single coverage	Employer: \$300 Employee: \$187
Total: \$487	
65+ single coverage	Employer: \$161 Employee: \$101
Total: \$262	
Pre-65 employee/spouse coverage	Employer: \$737 Employee: \$387
Total: \$1,124	
65+ employee/spouse coverage	Employer: \$391 Employee: \$209
Total: \$600	

Source: Kaiser/Hewitt
These are medical premiums only. Kansas Plan premiums include medical, prescription drug and dental, but retiree pays total cost.

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